



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 5503

|   |   |  |   |  |                           |                                |
|---|---|--|---|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/566,080  | <b>FILING or 371(c) DATE</b><br>09/29/2006<br><b>RULE</b>   | <b>CLASS</b><br>101                                      | <b>GROUP ART UNIT</b><br>2854   | <b>ATTORNEY DOCKET NO.</b><br>42120236US |                           |                                |
| <b>APPLICANTS</b><br>Anton Kley-Bosler, Westerheim, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/00763 01/29/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 17 283.1 04/09/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>10/19/2006 |   |  |   |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/DAVID H BANH/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GERMANY  | <b>SHEETS DRAWINGS</b><br>3              | <b>TOTAL CLAIMS</b><br>19 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>DREISS, FUHLENDORF, STEIMLE & BECKER<br>POSTFACH 10 37 62<br>D-70032 STUTTGART,<br>GERMANY  |   |  |   |  |                           |                                |
| <b>TITLE</b><br>Pad printer   |   |  |   |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>645   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                           |                                |